



SAFETANK

APPLICATION FOR FINANCIAL ASSISTANCE FOR ON-PREMISE-USE FUEL OIL FACILITY UPGRADE

Owners of on-premise-use heating oil facilities who have demonstrated financial need, may apply for reimbursement of costs to meet the requirements of RSA 146-E:4, I and II in amounts not to exceed \$1000. Reimbursement may be to the owner, or to the contractor, after inspection of the completed work and a review of itemized invoices to verify the work was; (1) completed in a satisfactory manner, and (2) the costs are appropriate. To qualify for the program, the owner shall meet the definition of "low-income" by U.S. Department of Housing and Urban Development. "Low-income" is defined as 80% of the area Median income. Providing documentation of household income is required and is described in more detail below. Additional qualifying requirements are addressed by answering the following questions.

Be advised that applications must be processed and approval obtained **prior** to any work being performed, to qualify for reimbursement.

If you have any questions regarding this program or this application, please contact the OPUF Release Prevention Coordinator at (603) 271-3644.

*** **IMPORTANT:** Answer all 4 of the following questions to determine if you should submit this application. ***

1. Do you, as the applicant, own or are an owner of the subject dwelling and tank system? If "Yes", go on to the next question. If "No", you do not qualify. Yes ____ No ____
2. Is the subject location your primary residence, and is it a single-family home, a duplex, a manufactured home, a farm, or a property where you also operate a small business? If "Yes", go on to the next question. If "No", you do not qualify. Yes ____ No ____
3. Do you hold title to, or have an interest in, any *income-producing property*, other than your primary residence, including but not limited to, stocks or real property held either individually, or through a business, trust, or other related entity? If "No", go on to the next question. If "Yes", you do not qualify. Yes ____ No ____
4. Is the owner's annual Total Household Income *at or below* the income criteria listed on the chart included in this application for the county of residence, based on Household Size? [*Total Household Income* includes the income for all occupants of the household other than tenants. *Household Size* is the total number of occupants other than tenants. All income includes that typically declared for federal income tax purposes, even if no federal tax returns are filed. However, note that if the owner generates any income from property other than the primary residence, (see Question 2.) he/she cannot qualify.]
If "Yes", complete the application. If "No", you do not qualify. Yes ____ No ____

I. Owner Information

Name: _____

Location Address: _____

Mailing Address: (if different) _____

City/Town: _____ State: _____ Zip: _____ County: _____

Phone Number: Home: _____ Work: _____

II. Site (Property) Information

Is the property served by (check one): private well _____ public water supply _____

If a private well, is it: a shallow (dug or point well) _____ a drilled/bedrock well _____

Approximate distance between oil tank and well _____ feet

If public water, is it: Community water supply _____ municipal water supply _____

Does the property abut surface water? Yes _____ No _____ If yes, name or description of the body of water: _____

III. Income

To qualify for the SAFETANK program, annual Total Household Income (whether that income is taxable or not) must be at or below 80% of the area (county) median income as calculated by the U.S. Department of Housing and Urban Development. The income criteria for the ten New Hampshire counties, is provided on the last page of this application. When submitting this application for approval, **provide any and all documentation of Total Household Income**. The documentation may include but is not limited to: a copy of the federal tax return(s) for the previous year, Social Security benefit statement(s), W-2 forms from the previous tax year, annual pension or retirement statement(s), annual statement(s) or indication of direct deposit(s) of other benefits or income(s). Include a copy of the 2 most recent pay stubs for those household members that are employed.

Total Household Income: \$ _____

Household Size (number of occupants other than tenants living in the subject household) _____

IV. Affirmation

I declare under penalty of perjury that the representation made in this application is, to the best of my knowledge, true, complete, and correct. I agree to reimburse the fund for any payments made to me based on incorrect or inaccurate information.

Owner's signature

(Date signed)

Third Party Verification

Verification as to the condition of the existing fuel oil facility before this application is approved is required. Your oil company or an independent heating contractor can provide verification. That person shall complete the checklist along with any relevant comments associated with the condition of the tank.

Fuel Oil Facility Condition Checklist	Yes	No
Is there evidence that the tank or any portion of the facility is presently leaking?		
Are the tank legs unstable, tilting or on an uneven foundation?		
Is the tank resting on or in contact with the ground?		
Are there visible signs of rust, weeps, wet spots, or dents on the tank surface?		
Are there any drips or signs of leakage around the oil filter or valves?		
Is the fuel line underground or through concrete without being encased in a non-metallic sleeve?		
Is the tank located outside where it can be damaged by falling ice or snow from the roof?		
Are there signs of the vent pipe being clogged with ice, snow, or insect nests?		
Is the overfill vent whistle missing or obstructed and silent when the tank is being filled?		
Are there any signs of spills around the fill pipe or from the area of the vent pipe?		
Is the tank sight gauge missing, cracked, stuck or frozen? Is there oil or staining on the top of the tank?		

Upgrade Summary and Cost Estimate	
Total:	

(Date)

**NH - DES
SAFETANK PROGRAM
PO BOX 95
CONCORD, NH 03302**



INCOME CRITERIA FOR THE NEW HAMPSHIRE PETROLEUM REIMBURSEMENT FUND (RSA 146-E) ON-PREMISE-USE FACILITY PREVENTION PROGRAM ⁽¹⁾

COUNTY ⁽²⁾	HOUSEHOLD SIZE					
	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON
BELKNAP	\$ 33,750	\$ 38,600	\$ 43,400	\$ 48,250	\$ 52,100	\$ 55,950
CARROLL	\$ 33,750	\$ 38,600	\$ 43,400	\$ 48,250	\$ 52,100	\$ 55,950
CHESHIRE	\$ 33,750	\$ 38,600	\$ 43,400	\$ 48,250	\$ 52,100	\$ 55,950
COOS	\$ 33,750	\$ 38,600	\$ 43,400	\$ 48,250	\$ 52,100	\$ 55,950
GRAFTON	\$ 33,750	\$ 38,600	\$ 43,400	\$ 48,250	\$ 52,100	\$ 55,950
HILLSBOROUGH	\$ 37,500	\$ 42,900	\$ 48,250	\$ 53,600	\$ 57,900	\$ 62,200
^(a) Lowell-Nashua MSA	\$ 40,250	\$ 46,000	\$ 51,750	\$ 57,500	\$ 62,100	\$ 66,700
^(b) Manchester MSA	\$ 39,100	\$ 44,650	\$ 50,250	\$ 55,850	\$ 60,300	\$ 64,750
MERRIMACK	\$ 36,600	\$ 41,850	\$ 47,100	\$ 52,300	\$ 56,500	\$ 60,700
^(c) Manchester MSA	\$ 39,100	\$ 44,650	\$ 50,250	\$ 55,850	\$ 60,300	\$ 64,750
ROCKINGHAM	\$ 40,250	\$ 46,000	\$ 51,750	\$ 57,500	\$ 62,100	\$ 66,700
^(d) Boston MSA	\$ 46,300	\$ 52,950	\$ 59,550	\$ 66,150	\$ 71,450	\$ 76,750
^(e) Lawrence MSA	\$ 40,250	\$ 46,000	\$ 51,750	\$ 57,500	\$ 62,100	\$ 66,700
^(f) Manchester MSA	\$ 39,100	\$ 44,650	\$ 50,250	\$ 55,850	\$ 60,300	\$ 64,750
^(g) Portsmouth-Roch MSA	\$ 39,000	\$ 44,550	\$ 50,100	\$ 55,700	\$ 60,150	\$ 64,600
STRAFFORD	\$ 38,300	\$ 43,800	\$ 49,250	\$ 54,700	\$ 59,100	\$ 63,500
^(h) Portsmouth-Roch MSA	\$ 39,000	\$ 44,550	\$ 50,100	\$ 55,700	\$ 60,150	\$ 64,600
SULLIVAN	\$ 33,750	\$ 38,600	\$ 43,400	\$ 48,250	\$ 52,100	\$ 55,950

Feb-04

Notes:

- (1) - Income criteria is based on U.S. Department of Housing and Urban Development (HUD) guidelines. Be advised that these income levels are periodically revised by HUD.
- (2) - Income Limits shown are for the entire county or for all towns not included in a Metropolitan Statistical Area (MSA). An MSA is defined by HUD as an area containing a large population nucleus and adjacent communities that are integrated with that nucleus.

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- (a) - Amherst, Brookline, Greenville, Hollis, Hudson, Litchfield, Mason, Merrimack, Milford, Mont Vernon, Nashua, New Ipswich, Pelham, Wilton
 - (b) - Bedford, Goffstown, Manchester, Weare
 - (c) - Allenstown, Hooksett
 - (d) - Seabrook, South Hampton
 - (e) - Atkinson, Chester, Danville, Derry, Fremont, Hampstead, Kingston, Newton, Plaistow, Raymond, Salem, Sandown, Windham
 - (f) - Auburn, Candia, Londonderry
 - (g) - Brentwood, East Kingston, Epping, Exeter, Greenland, Hampton, Hampton Falls, Kensington, New Castle, Newfields, Newington, Newmarket, North Hampton, Portsmouth, Rye, Stratham
 - (h) - Barrington, Dover, Durham, Farmington, Lee, Madbury, Milton, Rochester, Rollinsford, Somersworth

Disclaimer: Information contained in this Fact Sheet is current as of January 1, 2004. Statutory or regulatory changes that may occur after that date may cause part or all of the information to become invalid. Income levels are periodically revised by HUD. If there are any questions concerning the current status of information, please contact DES at (603) 271-3644.